Everything you've always wanted to know about...





Newborn Care



School Health



An Efficient Practice

Infectious Diseases: The Red Book officially known as the "Report of the Committee on Infectious Diseases," is a succinct, up-to-date desk reference on the etiology, epidemiology, incubation period, clinical forms and differential diagnosis, treatment and control measures for more than 100 diseases. 1977 Indexed: 345 pages. Price: \$6.00

Newborn Care: Standards and Recommendations for Hospital Care of Newborn Infants is the authority on perinatal care. It details the facilities and staff needed to provide optimum newborn care and describes intensive care, oxygen therapy, care and feeding of the normal newborn, and regionalization of perinatal care. 1977 Indexed: 178 pages. Price: \$6.00

School Health: The manual, School Health: A Guide for Health Professionals was written to assist all those involved in the care of children in schools, not just physicians and nurses. It discusses health appraisal, problems of school children, health education and sports programs. 1977 Indexed: 250 pages. Price: \$5.00

An Efficient Practice: Standards of Child Health Care describes perinatal care, preventive care and care of the child during illness. Two-thirds of the manual is devoted to the more mundane but vital aspects of practice such as billing, equipment needs, medical records, use of allied health personnel and the etiquette and ethics of consultation and referral. 1977 Indexed: 183 pages. Price: \$5.00

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copies, "Red Book" @ \$6.00

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Department PA

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- is enclosed. Personal order must be prepaid. Make check payable to: American Academy of Pediatrics.
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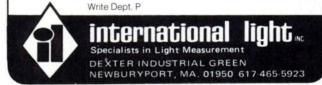
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Introducing the Fleet Bowel Retraining Program

For the Patient Who Needs Bowel Retraining: Immediate Results Without Systemic Involvement.

For the chronically constipated patient, a bowel retraining program may offer a solution to the problem of oral laxative dependence. The Fleet Bowel Retraining Program is excellent in its systematic and physiologic approach which includes the use of diet and exercise combined with the concurrent use of Fleet Enema for a short initial period.

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 Fleet® Enema combats the oral laxative habit with its physiologic mode of action and lack of oral administration. The enema is known "... to cleanse only the distal colon and thus... it most nearly approximates, in its results, a normal bowel movement."1
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 Increase exercise and activity level. Daily exercise is an important part of the program because it helps maintain good muscle tone throughout the body, including the intestinal tract.

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When an acutely ill patient needs immediate relief from constipation,

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Think, instead, of recommending a short-term solution. Prescribe Fleet Enema promptly for a short (3-day) period and provide immediate relief without the risk of oral laxative dependence. Fleet Enema now so he won't need retraining later.

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- No Systemic Involvement

¹Steinberg H, Almy TP: Drugs of Choice 1964–1965, Modell (ed), Saint Louis, C V Mosby Co, 1964, p 351.







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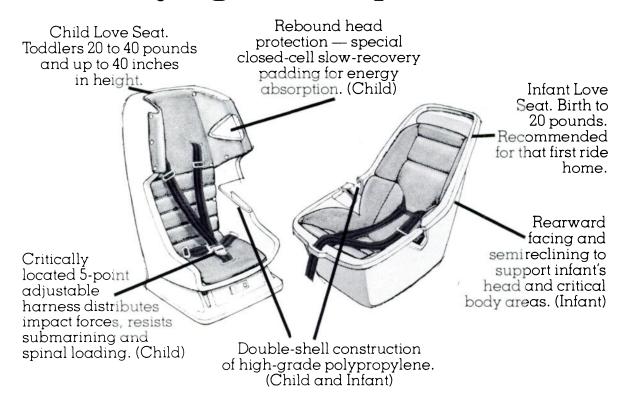


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Love Seats are the child and infant protective seats that come from General Motors. We think that they are special enough for you to consider writing a prescrip-

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When dentition erupts . . . and discomfort occurs



THERE IS A SAFE AND EFFECTIVE MEDICATION FOR SYMPTOMATIC RELIEF — BABY ORA-JEL®

— a pediatric formulation for relief of teething discomfort.

The Signs of Teething

The erupting primary tooth may produce multiple discomforting signs in the infant. Night crying, restlessness, drooling, lip and hand biting are most commonly reported.¹ And a distressed infant often means an agitated parent asking for advice.

Reassurance and Baby Ora-jel

It's good advice to give, since Baby Ora-jel will provide almost immediate relief when applied to inflamed gingival areas.

The topical anesthetic action of Baby Ora-jel is achieved with benzocaine, the efficacy and safety of which has been demonstrated in decades of clinical use. A specially formulated water-miscible gel allows the anesthetic to be readily available to affected tissue. That's why Baby Ora-jel works so quickly and effectively to provide long-lasting relief. Unlike other teething preparations, Baby Ora-jel contains no alcohol or salicylates — ingredients which can irritate sensitive gum tissue.^{2,3} And its incidence of sensitization is low.

You can recommend Baby Ora-jel with confidence. When baby feels better, so does mother.

References:

- Kravitz, H. et al: Teething in Infancy: A Part of Normal Development, III. Med. J. 151: 261-266, 1977.
- 2. Seward, M.H.: The Treatment of Teething in Infants. Brit. Dental J. p. 33-36 (Jan. 4) 1972.
- 3. U.S. Dispensatory, ed. 27 Philadelphia, Pa. J.B. Lippincott Company, 1973, p. 41.



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() Please send me my practice.	professional samples of Ba	aby Ora-jel* for use in
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KONTRON PRESENTS

THE NEW ROCHE OXYCARDIORESPIROGRAPH



What is an Oxycardiorespirogram?

It is a simulatneous recording of non-invasive continuous beat-to-beat heart rate, respiration waveform and cutaneous pO₂.

How does the ROCHE Oxycardiorespirograph Monitor work?

The compact modular ROCHE System continuously monitors the neonates heart rate and respiration cycle via one set (3) of ECG electrodes. Beat-to-beat heart rate is calculated from the ECG R-wave while the respiration cycle is monitored by measuring thoracic impedance changes. Non-invasive continuous pO₂ monitoring is based on the ability of oxygen to diffuse through the heated skin to an electrochemical sensor applied to it.

Why Oxycardiorespirography?

An emergency is signalled earlier by this method than by the usual types of cardiorespirography monitoring or discontinuous pO₂ measurement. Disturbances of the normal oxycardiorespirography can have the following reasons:

Hyaline membrane disease, apnea, tachycardia, bradycardia, neonatal distresses, meningitis, pulmonary atresia, etc.

What are the benefits?

Neonatologists have found beat-to-beat heart rate, respiratory wave-forms and cutaneous pO_2 to be vital parameters. It is, therefore, logical to assume that a correlation of these parameters can yield vital information for assessing the condition of a risk newborn.

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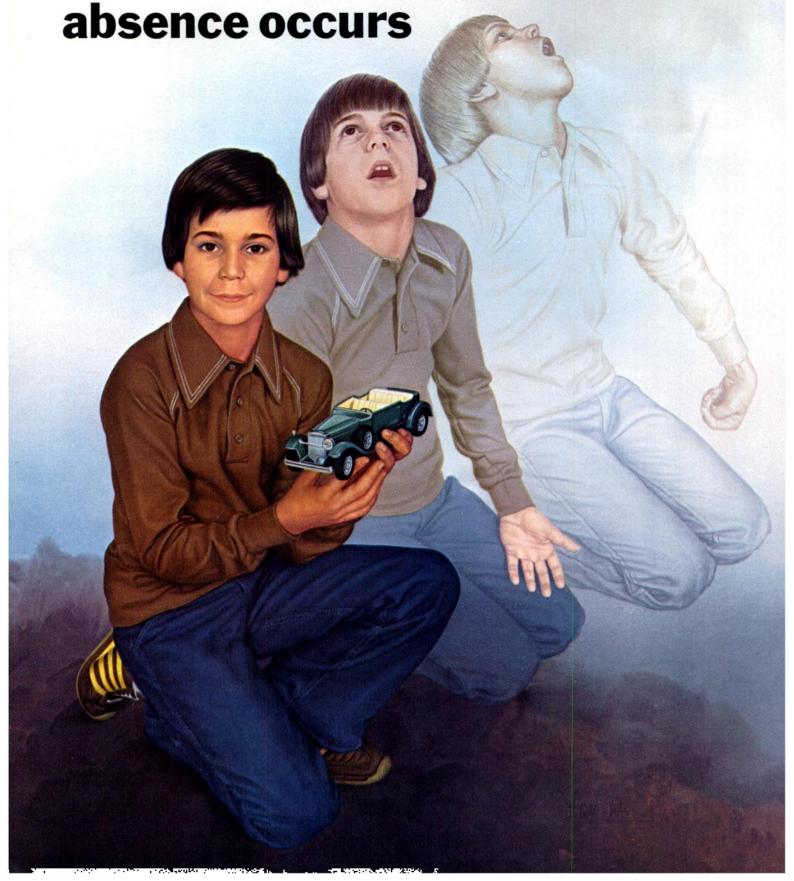
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Add to your regimen in mixed seizures with absence

There's more to Depakene than just primary treatment for pure absence.

True, Depakene has worked gratifyingly well for such patients. The vast majority have seen a dramatic reduction in their seizures. Many have attained total freedom from seizures.

Nevertheless we urge you not to overlook the remarkable effectiveness of Depakene also in mixed seizures with absence.

Use in mixed grand mal or minor motor + absence

Depakene is indicated adjunctively in any multiple seizure type which includes absence.

Clinical opinion has been particularly encouraging among patients with generalized tonic-clonic attacks, or with minor motor seizures (e.g., myoclonic movements, akinetic seizures), where combined with absence or petit mal.

For example, in 16 studies¹ of patients with mixed grand mal and absence, 71% of all patients gained significant improvement.

1. Pinder, R.M., et al., Drugs 13:81, 1977.

How to add Depakene

(Valproic Acid)

Avoid high-dose side effects and improve control by adding Depakene, instead of pushing your usual starting agent to maximal levels. Observe recommendations for adjunctive use. Allow 6 weeks for evaluation.

After seizures are controlled, consider careful reduction of the other agent(s). Seek maintenance with lowest effective dosage and fewest drugs.

If side effects occur

Possible initial nausea is best managed by mealtime administration. Use of the syrup may help. Most instances are selflimiting and transient.

More serious problems are infrequent. Rise in liver enzymes has occurred. Fatal hepatic coma has been seen, usually in patients on concomitant agents; hence liver function should be tested regularly. Platelets should also be monitored: thrombocytopenia has been noted.

Of particular interest, Depakene has *not* been associated with hirsutism or gum hyperplasia. In some instances where Depakene has permitted phenytoin to be withdrawn, pre-existing gum overgrowth has remitted.



Depakene Valproic Acid

To help you treat patients with multiple seizure types where absence occurs

A BRIEF SUMMARY OF PRESCRIBING INFORMATION

INDICATIONS: Depakene (valproic acid) is indicated for use as sole and adjunctive therapy in the treatment of simple and complex absence seizures, including petit mal. Depakene may also be used adjunctively in patients with multiple seizure types which include absence seizures.

In accordance with the International Classification of Seizures, simple absence is defined as very brief clouding of the sensorium or loss of consciousness (lasting usually 2-15 seconds), accompanied by certain generalized epileptic discharges without other detectable clinical signs. Complex absence is the term used when other signs are also present

CONTRAINDICATIONS: Depakene (valproic acid) is contraindicated in patients with known hypersensitivity to the drug

WARNINGS: Liver dysfunction including hepatic failure resulting in fatalities has occurred in a few patients receiving Depakene and concomitant anticonvulsant drugs. These incidences have occurred during the first six months of treatment with Depakene. Although a causal relationship has not been established, liver function tests should be performed prior to therapy and every two months thereafter. Caution should be observed when administering Depakene to patients with pre-existing hepatic disease.

Usage in Pregnancy: The Effects of Depakene in Human Pregnancy are unknown animal studies have demonstrated teratogenicity.

Studies in rats demonstrated placental transfer of the drug. Doses greater than 65 mg/kg/day given to rats, mice and rabbits produced an increased incidence of skeletal abnormalities of the ribs, vertebrae and palate. In rats, there was a dose-related delay in onset of parturition. Postnatal growth and survival of the progeny was unaffected. Embryolethality or major developmental abnormalities occurred in rats and rabbits at doses of 350 mg/kg/day. Studies are being conducted to determine whether there are differences in the toxicity of Depakene (valproic acid) in pregnant rabbits when compared to non-pregnant rabbits.

Recent reports suggest an association between the use of anticonvulsant drugs by women with epilepsy and an elevated incidence of birth defects in children born to these women. Data are more extensive with respect to phenytoin and phenobarbital, but these are also the most commonly prescribed anticonvulsants; less systematic or anecdotal reports suggest a possible similar association with the use of all known anticonvulsant drugs.

The reports suggesting an elevated incidence of birth defects in children of drug-treated epileptic women cannot be regarded as adequate to prove a definite cause and effect relationship. There are intrinsic methodologic problems in obtaining adequate data on drug teratogenicity in humans; the possibility also exists that other factors, e.g., genetic factors or the epileptic condition itself, may be more important than drug therapy in leading to birth defects.

The great majority of mothers on anticonvulsant medication deliver normal infants. It is important to note that anticonvulsant drugs should not be discontinued in patients in whom the drug is administered to prevent major seizures because of the strong possibility of precipitating status epilepticus with attendant hypoxia and threat to life. In individual cases where the severity and frequency

of the seizure disorder are such that the removal of medication does not pose a serious threat to the patient, discontinuation of the drug may be considered prior to and during pregnancy, although it cannot be said with any confidence that even minor seizures do not pose some hazard to the developing embryo or fetus.

The prescribing physician will wish to weigh these considerations in treating or counseling epileptic women of child-bearing potential.

PRECAUTIONS: General: Because of rare reports of platelet aggregation dysfunction, thrombocytopenia and elevated liver enzymes, liver function tests, platelet counts and bleeding time determination are recommended before initiating therapy and at periodic intervals.

Since Depakene (valproic acid) may interact with concurrently administered anticonvulsant drugs, periodic serum level determinations of concomitant anticonvulsant drugs are recommended during the early course of therapy. (See Drug Interactions.)

Depakene is partially eliminated in the urine as a ketone contain-

Depakene is partially eliminated in the urine as a ketone containing metabolite which may lead to a false interpretation of the urine ketone test

Information For Patients: Since Depakene may produce CNS depression, especially when combined with another CNS depressant (e.g. alcohol), patients should be advised not to engage in hazardous occupations, such as driving an automobile or operating dangerous machinery, until it is known that they do not become drowsy from the drue.

Drug Interactions: Depakene may potentiate the CNS depressant activity of alcohol.

THERE IS EVIDENCE THAT DEPAKENE MAY CAUSE AN INCREASE IN SERUM PHENOBARBITAL LEVELS, ALTHOUGH THE MECHANISM OF THE INTERACTION IS UNKNOWN, ALL PATIENTS RECEIVING CONCOMITANT BARBITURATE THERAPY SHOULD BE CLOSELY MONITORED FOR NEUROLOGICAL TOXICITY, SERUM BARBITURATE DRUG LEVELS OBTAINED, IF POSSIBLE, AND THE BARBITURATE DOSAGE DECREASED, IF APPROPRIATE.

THERE IS CONFLICTING EVIDENCE REGARDING THE INTERAC-TION OF DEPAKENE WITH PHENYTOIN. IT IS NOT KNOWN IF THERE IS A CHANGE IN UNBOUND (FREE) PHENYTOIN SERUM CONCENTRATIONS THE DOSAGE OF PHENYTOIN SHOULD BE AD-JUSTED AS REQUIRED BY THE CLINICAL SITUATION.

THE CONCOMITANT USE OF VALPROIC ACID AND CLONAZEPAM MAY PRODUCE ABSENCE STATUS.

Caution is recommended when Depakene (valproic acid) is administered with drugs affecting coagulation, e.g., aspirin and warfarin. (See ADVERSE REACTIONS.)

Carcinogenesis, Mutagenesis: There has been insufficient study of the drug in animals to determine whether it has carcinogenic potential. Carcinogenicity studies in rats and mice are currently in progress.

Mutagenesis studies on Depakene have been performed using bacterial and mammalian systems. These studies have provided no evidence of a mutagenic potential for Depakene.

Pregnancy: See WARNINGS.

Nursing Mothers: Depakene is excreted in breast milk. It is not known what effect this would have on a nursing infant. As a general rule, nursing should not be undertaken while a patient is receiving Depakene

Fertility: Chronic toxicity studies in juvenile and adult rats and dogs demonstrated reduced spermatogenesis and testicular atrophy at doses greater than 350 mg/kg/day in rats and greater than 90 mg/kg/day in dogs. THE EFFECT OF DEPAKENE (VALPROIC ACID) ON THE DEVELOPMENT OF THE TESTES AND ON SPERM PRODUCTION AND FERTILITY IN HUMANS IS UNKNOWN.

ADVERSE REACTION: Since Depakene (valproic acid) has usually been used with other anticonvulsant drugs, it is not possible, in most cases, to determine whether the following adverse reactions

can be ascribed to Depakene alone, or the combination of drugs.

Gastrointestinal: The most commonly reported side effects at the initiation of therapy are nausea, vomiting and indigestion. These effects are usually transient and rarely require discontinuation of therapy. Diarrhea, abdominal cramps and constipation have been reported. Both anorexia with some weight loss and increased appetite with weight gain have also been reported.

CNS Effects: Sedative effects have been noted in patients receiving valproic acid alone but are found most often in patients receiving combination therapy. Sedation usually disappears upon reduction of other anticonvulsant medication. Ataxia, headache, nystagmus, diplopia, asterixis, "spots before eyes," tremor, dysarthria, dizziness, and incoordination have rarely been noted. Rare cases of coma have been noted in patients also on phenobarbital.

Dermatologic: Transient increases in hair loss have been observed. Skin rash and petechiae have rarely been noted.

Psychiatric: Emotional upset, depression, psychosis, aggression, hyperactivity and behavioral deterioration have been reported.

Musculoskeletal: Weakness has been reported.

Hematopoietic: Valproic acid inhibits the secondary phase of platelet aggregation. (See Drug Interactions.) This may be reflected in altered bleeding time. Relative lymphocytosis and mild thrombocytopenia have also been noted in isolated cases. Leukopenia has been reported.

Hepatic: Increases in serum alkaline phosphatase and elevations of serum glutamic oxaloacetic transaminase (SGOT) have been noted. Isolated cases of severe hepatotoxicity have been reported. (See WARNINGS.)

OVERDOSAGE: A single case of overdosage with valproic acid has been reported. After ingesting 36 grams in combination with phenobarbital and phenytoin, the patient presented in deep coma. An electroencephalogram recorded diffuse slowing, compatible with the state of consciousness. The patient made an uneventful recovery. Since Depakene is absorbed very rapidly, gastric lavage may be of limited value. General supportive measures should be applied with particular attention being given to the maintenance of adequate urinary output.

DOSAGE AND ADMINISTRATION: Depakene (valproic acid) is administered orally. The recommended initial dose is 15 mg/kg/day increasing at one week intervals by 5 to 10 mg/kg/day, until seizures, are controlled or side effects preclude further increases. The maximum recommended dosage is 30 mg/kg/day. If the total daily dose exceeds 250 mg, it should be given in a divided regimen.

The following table is a guide for the initial daily dose of Depakene (valproic acid) (15 mg/kg/day).

Weight				Number of Capsules or Teaspoonfuls of Syrup	
(kg)	(lb)	Dose (mg)	Dose 1	Dose 2	Dose 3
10-24 9	22- 54 9	250	0	0	1
25-39 9	55-879	500	1	0	1
40-59 9	88-131 9	750	1	1	1
60-74 9	132-164 9	1,000	1	l ı	2
75-89 9	165-197 9	1,250	2	1	2

As the Depakene dosage is titrated upward, blood levels of pheno barbital and/or phenytoin may be affected. (See PRECAUTIONS)

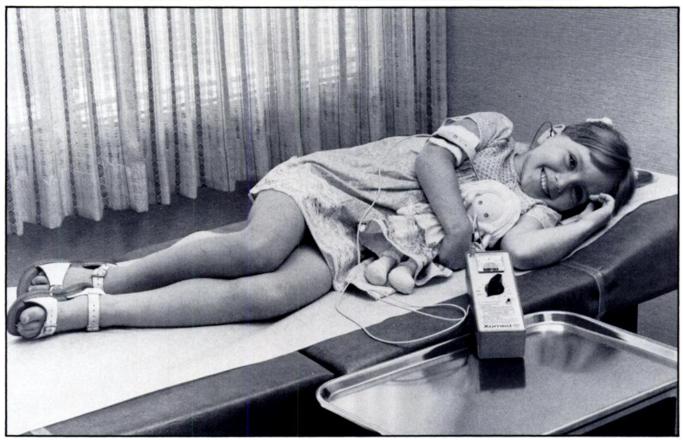
barbital and/or phenytoin may be affected. (See PRECAUTIONS). Patients who experience G.I. irritation may benefit from administration of the drug with food or by slowly building up the dose from an initial low level.

THE CAPSULES SHOULD BE SWALLOWED WITHOUT CHEWING TO AVOID LOCAL IRRITATION OF THE MOUTH AND THROAT.

SUPPLIED: 250 mg capsules, bottles of 100, NDC 0074-5681-13, 250 mg/5 ml (as the sodium salt) syrup, 16 oz bottles, NDC 0074-5682-16.



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With the clinically proven Xomed Ionesthetizer™, pediatric patients will be more comfortable, relaxed and cooperative because it is a painless method of anesthetizing the tympanic membrane.

Use of the Ionesthetizer permits in-office treatment of myringotomy patients who might otherwise be hospitalized. This method of anesthesia, which lasts up to 1½ hours, produces a bloodless field which promotes faster healing and less chance of infection.

The Microsurgery Company, Call Xomed to arrange a demonstration of the Ionesthetizer in your office.

Designed by Jack Vernon, Ph.D. and Robert Brummett, Ph.D., Portland, Oregon. References available on request. Patent No. 3,991,755 Copyright 1979, Xomed Inc.

For additional information, the name of your local Territorial Sales Manager and/or nearest dealer, call (800) 874-5797 (in Florida call (904) 737-7900 collect); TWX (810) 827-6439; or write Xomed Inc., 8641 Baypine Road, Jacksonville, Florida 32216.

U-BAG[®] pediatric urine collector

taking a necessary procedure and making it simple!

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When it comes to picking up occult disease in children, the urinalysis is probably the most rewarding of all routine tests. Yet, many pediatricians avoid performing it on their youngest patients because of the problems involved.

But Hollister has solved the problems. The unique, double-chambered U-Bag pediatric urine collector virtually assures a clean, usable specimen on the first attempt.

No spillage—not even if the collector is pulled off. The double-chamber design isolates urine in a separate collection chamber to avoid spills and splashback onto skin

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Today's most widely used children's / aspirin

Since 1899, aspirin has provided dependable antipyresis, analgesia and antiinflammatory activity—compiling a record of clinical efficacy and versatility that no drug in its class can match.

In that time, millions upon millions of children have enjoyed its numerous benefits while experiencing remarkably few side effects. Also, in that time, much has been learned about the long-term use of aspirin. Far less is known about the long-term safety and efficacy of other commonly used pediatric analgesics/antipyretics.

Today, of all pediatric aspirin, Bayer® Children's Chewable Aspirin is the most widely used. Bayer is the original name in aspirin—a name synonymous with aspirin purity, quality and stability. Each orange flavored Bayer/Children's Chewable Aspirin tablet

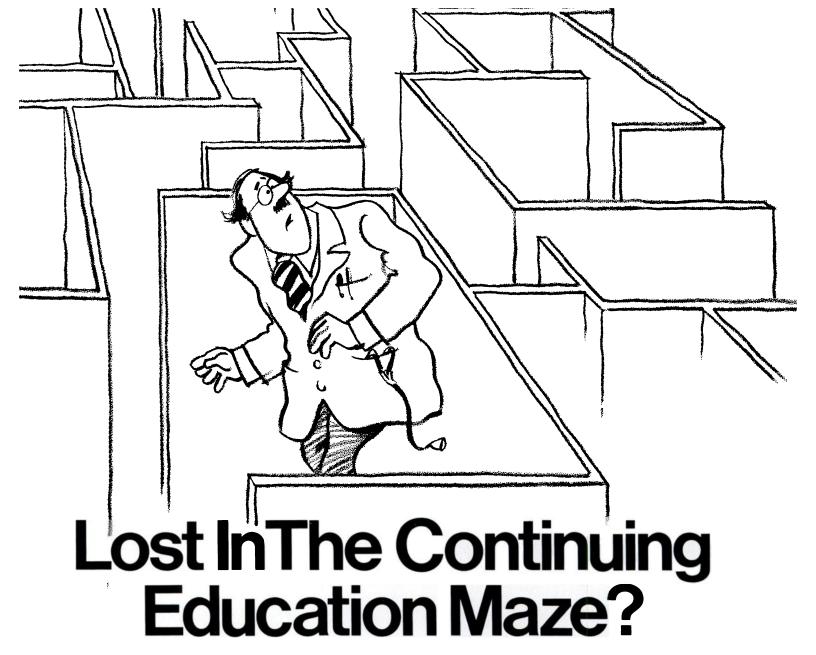
contains 1¹/₄ grains of aspirin. Tablets can be chewed or will disintegrate easily in water, juice or milk.

So for the reduction of fever and relief of aches and pains of childhood colds and flu in your practice, rely on the expert...rely on experience...rely on Bayer Children's Chewable Aspirin!

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Today's pediatrician has a confusing array of continuing education opportunities to choose from. How do you select options which lead to a personalized, yet structured, program of continuing education? Busy pediatricians need a comprehensive, coordinated program of continuing education, one that uses many models and offers the greatest amount of flexibility.

The American Academy of Pediatrics has created such a program—PREP (Pediatrics Review and Education Program). PREP includes a new journal devoted to continuing education, self-assessment programs and documentation of continuing educa-

tion activity for license renewal and recertification requirements. Other educational opportunities coordinated with the PREP objectives, including seminars and round tables at national meetings and AAP continuing education courses, will be available at additional cost. In fact, all of the PREP materials will relate to the same educational objectives. It is a total program which accommodates individual goals.

If you have not received registration information or have additional questions, write PREP, American Academy of Pediatrics, P.O. Box 1034, Evanston, Illinois 60204.

American Academy of Pediatrics



Viokase® costs your patients less than other pancreatic preparations

(Based upon Drug Topics Redbook 1979 published prices.)

4x N.F. Protease 6x N.F. Amylase 10 x N.F. Lipase (whole pancreas)

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Veteran



in digestive management of cystic fibrosis

'We have used pancreatin (Viokase) in powder or tablet form as an effective product since 1951... The initiation of dietary and pancreatic replacement therapy prior to or with the appearance of early signs of gastrointestinal involvement in the absence of pulmonary symptoms permits nearly normal growth and development. It will diminish the usual complaints of frequent, loose, foul movements, protuberant abdomen and excessive appetite, it will markedly reduce the incidence of rectal prolapse and possibly secondary fecal impaction which may result in intestinal obstruction."*

*Shwachman, H., Redmond, A. and Khaw, K-T: "Studies in Cystic Fibrosis—Report of 130 Patients Diagnosed Under 3 Months of Age Over a 20-Year Period"; Pediatrics, 46: 335, 1970.

VIOKASE® (pancreatin)

Description: VIOKASE is a pancreatic enzyme concentrate of porcine origin containing standardized amylase, protease and lipase activities plus esterases, peptidases, nucleases and elastase.

The enzyme potency of the tablets and powder are:

	Each 325 mg. Tablet	Each 0.75 gram (1/5 teaspoonful)
Lipase, N.F. Units	6,500	15.000
Protease, N. F. Units	32,000	75,000
Amylase, N.F. Units	48.000	112,500

Under conditions of the N.F. test method (in vitro) VIOKASE has the following total digestive capacity:

	Each 325 mg. Tablet	Each 0.75 g. Powder
Dietary Fat	23	53 grams
Dietary Protein	32	75 grams
Dietary Starch	48	112 grams

VIOKASE Tablets are not enteric coated.

Indications: As a digestive aid in cystic fibrosis and in exocrine pancreatic deficiencies usually due to chronic pancreatitis, pancreatectomy or obstruction in the pancreas caused by malignant growth.

Administration and Dosage:

Powder: Dosage to patients with cystic fibrosis: $\frac{1}{3}$ teaspoon (0.75 grams) with meals.

Tablets: Dosage to patients with cystic fibrosis or chronic pancreatitis—1 to 3 tablets with meals. For aiding digestion in patients with pancreatectomy or gastrectomy—1 to 2 tablets taken at 2-hour intervals, or as directed by physician.

Caution: Federal law prohibits dispensing without prescription.

Warnings: Avoid inhalation of powder.

Precautions: Use with caution in patients known to be allergic to pork protein.

How Supplied:

Powder: Bottles of 4 ounces and 8 ounces

Tablets: Bottles of 100 and 500

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Pediatrics

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DEADLINE: 1st of second month preceding issue (January 1st for March issue). Please submit ad copy either typed or printed.

ADDRESS: PEDIATRICS Classifieds

American Academy of Pediatrics

P.O. Box 1034

Evanston, Illinois 60204

OPPORTUNITIES

ALABAMA: Need third neonatologist for Level III Regional Intensive Care Unit. Full or part-time. Patient care, teaching, research. Send C. V. to Jean Quirante, M.D. or A. Overbach, M.D., Huntsville Hospital, 101 Sivley Road, Huntsville, AL 35801.

NEONATOLOGIST WANTED: Primary interest in teaching and patient care at Regional Neonatal-Perinatal Center. The Center is medical school affiliated. Contact Karlo Raab, M.D., Section of Neonatology, St. Joseph's Hospital, 5000 West Chambers Street, Milwaukee, WI 53210 (414) 447-2427.

CALIFORNIA—Cardiologist: The Department of Pediatrics at the University of California, Los Angeles, The Center for the Health Sciences, seeks candidates for both a full-time tenure position at the Professor level and a junior faculty position in the Division of Cardiology. Applicants must be board certified and licensed or licensable to practice in California. Commitment to activities in clinical practice, education and research is essential.

Interested candidates should send curriculum vitae and supporting documents to the Chairman, Department of Pediatrics, UCLA School of Medicine, The Center for the Health Sciences, Los Angeles, CA 90024.

The University of California is an Equal Opportunity/ Affirmative Action Employer and welcomes applications from women and minority candidates as well as other qualified persons.

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CALIFORNIA—Nephrologist: The Department of Pediatrics at the University of California, Los Angeles, The Center for the Health Sciences, seeks candidates to fill the full-time position of Director of the Division of Nephrology. Appointment will be made at tenure or nontenure academic rank, depending on the qualifications of the appointee. Applicants must be board qualified or certified and licensed or licensable to practice in California. Commitment to activities in clinical practice, education and research is essential.

Candidates should send curriculum vitae and supporting documents to the Chairman, Department of Pediatrics, UCLA School of Medicine, The Center for the Health Sciences, Los Angeles, CA 90024.

The University of California is an Equal Opportunity/ Affirmative Action Employer and welcomes applications from women and minority candidates.

PEDIATRICIAN-DENVER AREA: Pediatrician needed in Denver area to assume practice of departing physician. Excellent financial opportunity. Available July-October. Call or write: Gordon Crawford, Humana Inc., P.O. Box 1438, Louisville, KY 40201 (502-561-2300).

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PEDIATRIC CARDIOLOGIST: Position available immediately for Board certified/eligible individual to join established, hospital-based practice serving as a regional pediatric cardiac care center. Affiliation with medical school and regional neonatal high-risk nursery. Send Curriculum Vitae to: M. H. Agustsson, M.D., Department of Pediatric Cardiology, Swedish American Hospital, 1400 Charles Street, Rockford, IL 61101.

COLORADO: Multispecialty clinic, developing HMO, seeks pediatrician to join four-man pediatric department. Send C.V., Joseph Corrigan, M.D., Colorado Springs Medical Center, 209 S. Nevada, Colorado Springs, CO 80902.

Florida: Board eligible/certified Fla. licensed pediatrician to join busy, congenial 6-man practice in southeast Florida. Cosmopolitan area near all cultural and recreational activities. Modern facilities. Contact Children's Medical Center, 1051 N. 35th Ave., Hollywood, FL 33021.

PEDIATRICIAN/NEONATOLOGIST, Board eligible/certified to join Alaska's largest multi-specialty clinic. Main campus for University of Alaska, with 1st year medical school program. Ample specialty coverage allows for time off to enjoy area's many cultural, recreational, and educational opportunities. Generous guaranteed salary, benefits, and relocation allowance. Partnership opportunity. Administrator, Fairbanks Clinic, P.O. Box 1330, Fairbanks, AK 99707

Classified Advertising Continued from page A64

Pediatricians Board certified/eligible for House Officer positions in University-affiliated hospital with training program. Contact M. Black, New York Infirmary, 321 E. 15th Street, New York, NY 10003

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FACULTY POSITION, PEDIATRIC NUTRITION—Department of Pediatrics, University of Arizona College of Medicine, invites applications for faculty position at Professor or Associate Professor level, to develop vigorous research program in pediatric nutrition. Established investigator sought, MD and/or PhD with substantial record in nutrition research. Address inquiries to: Dr. Gail Harrison, Department of Pediatrics, University of Arizona College of Medicine, Tucson, AZ 85724. The University of Arizona is an Equal Opportunity/Affirmative Action Title IX, Section 504 Employer.

HAWAII—Experienced pediatrician to join incorporated, happy rural group with Family Practitioner, OB/GYN and Physician's Assistant. Adjacent hospital. One hour from Honolulu—relaxed lifestyle, good medicine. Ben Branch, M.D., Box 248, Kahaku, HI 96731.

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Pediatrician wanted for established practice by five-person group in Rochester, New York. New building. Excellent opportunity. Position available July, 1979. Contact Dr. Jack Connelly 716-247-7000 for further information. Westside Pediatric Group, 497 Beahan Road, Rochester, NY 14624

OREGON—Pediatrician for children's unit at 1400-bed state hospital for retarded. Provide comprehensive care for 150 children, ages 7–21, many with multiple handicaps. Boards preferred. Available immediately. Attractive salary and benefits. Send CV to George Miller, M.D., Chief Medical Officer, Fairview Hospital and Training Center, 2250 Strong Road, S.E., Salem, OR 97310. 503-378-5123.

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Pediatrician—Board eligible or qualified with interest in neonatology—wanted. Immediate opening available in a comprehensive 8-year-old rural project serving primarily Spanish speaking indigent population. Currently project employs 8 MDs at 2 sites with a third site to be added soon. Position funded and supported by the National Health Service Corp. and USPHS. Call or write Myles Altimus, M.D., Medical Director, Su Clinica Familiar, 2018 Pease, Harlingen, TX 78550. 512-428-4174 or 4178.

Board certified or eligible pediatrician needed for satellite primary care office located in suburbs of Milwaukee. Call share with six other pediatricians; for further information contact Eugene R. Daun, Administrator, Northpoint Medical Group, 2388 North Lake Drive, Milwaukee, WI 53211. Telephone: 414-289-3918.

Colorado—Pediatrician BC/BE to replace departing partner. Comfortable practice; growing city in southwest Colorado Rockies. Share call with two other pediatri-

cians. Expanding pediatric ward and Level II nursery. C. V. to: Christopher Snyder, M.D., 1800 East 3rd Avenue, Durango, CO 81301.

Division of Ambulatory and Community Pediatrics is recruiting for a fellow at the instructor (PL-4) level. The two-year program combines clinical and academic experience and is designed to prepare individuals for leadership in ambulatory pediatrics. Appointee must be admitted to and enroll in the M.A. program in Social Ecology. All qualified candidates are welcome; women and minorities are encouraged to apply. Send CV and three references to C. I. Dungy, M.D., M.P.H., Department of Pediatrics, University of California, Irvine, Irvine, CA 92717. Application closing: July 5, 1979.

PEDIATRICS, Educational Program Director. Applications are being accepted for this full time staff position with the Southwestern Michigan Area Health Education Center. This is a challenging opportunity in a clinically stimulating environment with an academic atmosphere. To be considered, an individual must be a fully trained pediatrician and certified (or imminently so) by the American Board of Pediatrics. Duties and responsibilities will encompass many areas of activity including undergraduate, graduate and continuing medical education. A complete job description is available on request. Compensation will include a generous stipend and fringe benefits package as well as a regular appointment to the faculty of the College of Human Medicine of Michigan State University. For details contact: Robert M. Nicholson, M.D., Executive Director, Southwestern Michigan Area Health Education Center, 252 East Lovell St, Kalamazoo, MI 49006. 616-383-7896.

PEDIATRICIAN—Board certified or eligible Pediatrician for VERMONT/NEW HAMPSHIRE service area. Practice would be accessible to 70-bed JCAH accredited hospital, medical school affiliation, and some of the best skiing in the New England Area. Pediatric group practice affiliation also available; financial assistance to develop practice available. Send Curriculum Vitae to Peter D. Gibbons, M.D., Chairman, Recruitment Committee, Rockingham Memorial Hospital, Bellows Falls, VT 05101. 802-463-3903.

Neonatologist—Wanted to supervise community hospital intensive care unit in Washington, D.C. Many benefits as well as university affiliation available. Salary commensurate with experience. Send resume to Box #3347.

Pediatric Practice for Sale: established 15 years in suburban N.Y.C. Owner, receptionist and nurse will stay to introduce. Coverage with three other pediatricians available. Send curriculum vitae. Box #3348.

NORTHERN CALIFORNIA OPPORTUNITY: Expanding medical center with full range of services offers exceptional opportunities for pediatricians in the most rapidly growing community in the beautiful south San Francisco

Continued on page A66

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Bay Area. Office suites with excellent terms. Contact S. A. Burt, Physician Recruitment Coordinator, Santa Theresa Community Medical Center, 275 Hospital Parkway, San Jose, CA 95119. 408-578-2660.

Pediatric Associate, part-time, locum tenens, or full-time towards partnership, New Jersey Shore area, 1½ hours to New York City and Philadelphia. Reply to Box #3338.

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Pediatrician Florida Gulf Coast. Outstanding opportunity. Fifty-two physician group affiliated with 310-bed hospital. Fee for service arrangement. Substantial drawing account first year. Contact Administrator, Mease Hospital, Dunedin, 813/734-6365.

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Texas, Fort Worth: Pediatric Faculty for Family Practice Residency. Professional Association responsible for Patient care and teaching of Family Practice Residents needs an additional hospital-based, BE/BC Pediatrician. Salary first year, relocation allowance, plus other benefits. Reply with resume to: Donald K. Nelms, M.D., Director, Department of Pediatrics, John Peter Smith Hospital, 1500 S. Main Street, Fort Worth, TX 76104. Ph: 817-921-3431, ext. 3420.

Two pediatricians, 25 minutes northwest of Boston, town practice, require a third. Send C.V. to Dr. David Watson, 301 Litteton Road, Westford, MA 01886.

WANTED—Chiefs of Divisions of Pediatric Cardiology, Pediatric Neurology and Pediatric Pulmonary Diseases to join the Department of Pediatrics, Cooper Medical Center, Camden, NJ. This Department is rapidly developing as a referral center for tertiary pediatric care. Selected candidates will be given full time academic faculty positions in the College of Medicine and Dentistry-Rutgers Medical School. Interested parties please contact Sidney J. Sussman, M.D., Department of Pediatrics, Cooper Medical Center, One Cooper Plaza, Camden, NJ 08103. Telephone 609/541-7330.

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MINNESOTA PEDIATRIC PRACTICE: Board certified/eligible pediatrician to associate with an established pediatrician to replace partner who is leaving. Newly remodeled downtown Minneapolis office. Guaranteed salary and/or share in corporation. Contact: Dr. Nancy Lund—825 S. 8th St #216, Minneapolis, MN 55404. 612-336-3369.

Pediatrician—Immediate opening to join three established pediatricians within 12-man multi-specialty clinic located in Banana Belt valley with both winter and summer recreation areas nearby. Contact, Administrator, Clearwater Valley Medical Center, 1522 17th St, Lewiston, ID 83501. 208-746-1383.

MINNESOTA—Dept. Pediatrics, University of Minnesota; Staff positions—Assistant Professor or Instructor. Board eligibility, subspecialty training (2–3 yrs.), teaching ability, and research experience required: Endocrinology, Cardiology, Neonatology, Intensive Care, Immunology. Reply to: Robert L. Vernier, M.D., Interim Head, Box 391 Mayo, University of Minnesota, Minneapolis, MN 55455.

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Well established pediatric practice for sale in northeastern New Jersey. Generates immediate substantial income—fully equipped and furnished office for rent. Ready access to community and medical center hospitals. Terms negotiable. Will introduce. Available July 1st. Write Box #3344.

NEONATOLOGIST: Regional infant intensive care unit seeks additional member of its neonatology team for program which has 12-bed acute, 16-bed intermediate unit. Excellent opportunity at St. Marys Hospital Medical Center in an outstanding midwestern community of Madison. Send CV to: William Bartlett, MD, Chairman, Infant Intensive Care Committee, Medical Staff Office, St. Marys Hospital Medical Center, 707 S. Mills St., Madison WI 53715. (608)251-6100 ext. 392-398 or call Steven M. Barney, Assistant Executive Director, collect for assistance.

ALLERGY FOR THE BUSY OFFICE PRACTICE: October 6, 1979. A 1-day course on everyday problems of clinical allergy. Faculty consists of board-certified allergists. Fee \$85.00. Acceptable for 6 hours of Category I credit by the C.M.A. AND A.M.A. For further information contact: Continuing Education, Pacific Medical Center, P.O. Box 7999, San Francisco, CA 94120. (415) 563-4321 ext. 2761.

PEDIATRIC GROUP: Upstate NY opening available July. University, lakes, skiing, tennis, symphony, opera. Teaching hospitals, I.C.U. Send CV to: Child Health Associates, Ten Riverside Drive, Binghamton, NY 13905. (607) 722-9444.

PEDIATRIC NUCLEAR MEDICINE: Postgraduate course, Harvard Medical School and Children's Hospital Medical Center, Sept. 10–12, 1979, Boston, MA. Contact: S. Treves, MD, Children's Hospital Medical Center, 300 Longwood Ave., Boston, MA 02115. (617) 734-6000 ext. 3366.

Arizona: Pediatric pulmonologist to join staff of large community teaching hospital. Applicant will participate in patient care, pediatric I.C.U., pulmonary lab, and teaching. Training in fiberoptic bronchoscopy desirable. Send CV to: Lucy Hernried, MD, Department of Pediatric Education, Good Samaritan Hospital, 1033 East McDowell Rd. Phoenix, AZ 85006. (602) 257-4350.

Southwestern United States Pediatrics Group Needs a Pediatric Allergist-Immunologist as an Associate Leading to Early Partnership. Seven amiable board-certified pediatricians are seeking a kindred spirit. Coverage arrangements, income, and fringe benefits would be more than generous. Medical school teaching position available if desirable. Area noted for superior cultural, recreational, and entertainment facilities. Send CV to Box No. 077904.

PHYSICIAN OPENING: Primary Care Group Practice—Multi-specialty group to include physicians, board-eligible or board-certified in pediatrics, to practice in suburban Washington, DC, available July 1979. Starting salaries \$45,000–52,000 with liberal fringe package. Interested parties submit CV to: P.O. Box 7044, Congress Heights Station, SE, Washington, DC 20032.

Need locum tenens pediatrician, or second year pediatric resident, for three weeks each year plus two weekends per month. Write Box #077901 Pediatrics.

The Marquette area physicians are seeking board certified or eligible Pediatrician with special interest and ability in neonatology for this growing community in Michigan's Upper Peninsula Designated Regional Special Care Nursery providing level 2–3 care. Opportunity to combine neonatology with general pediatric care in conjunction with area's other Pediatricians. Immediate opening created by established physician's return to university setting. Teaching opportunities with medical students and family practice residents. Send inquiries and curriculum to: John Wojcik, M.D., Chairman, Recruitment Committee, Marquette General Hospital, 420 West Magnetic Street, Marquette, MI 49855. (906) 228-9440.

NEONATOLOGIST: The Department of Pediatrics of the Burns Clinic Medical Center, P.C., a large multi-specialty group located in beautiful Northern Michigan is seeking a Neonatologist interested in doing some general pediatrics. New Clinic facility is available. New neonatology unit designated as a Level II regional perinatal center is scheduled for completion within one year. The Clinic is located in a popular winter and summer resort area and the multi-specialty group offers a competitive salary and fringe benefits for all of its members.

Please send CV to Joanne Mertz, M.D., Department Head, Pediatric Department, Burns Clinic Medical Center, P.C., 560 West Mitchell St, Petoskey, MI 49770.

PARTNERSHIP immediately, very good pediatric practice in Georgia. Trading population 200,000, grossing more than \$160,000. May consider for sale. Please send CV to Box #077903.

FELLOWSHIP, RESIDENCIES, ETC.

ONE-YEAR PEDIATRIC ASSISTANTSHIP in a model pediatric practice. Accepted applicant must be dynamic and interested in utilizing skills in an innovative drive-in pediatric office setting where efficiency systems have been and are being developed. Individual exam rooms look like small living rooms and are entered from the outside being controlled by closed circuit TV and electronics. There is no waiting room. This year will provide experience in providing efficient patient care, along with new office techniques and procedures such as tympanometry, relative analgesia with nitrous oxide and oxygen for minor trauma, systems for patient education, office organization and management. Active university involvement. Applicant must have completed a pediatric residency and be able to obtain Utah license. Stipend approximate P-4 level. Send CV, references, photograph and correspondence to Glen C. Griffin, M.D., 575 East Medical Drive, Bountiful, UT 84010.

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Michigan—Neonatology Fellowship position available for June 1979. Regional Perinatal Center. Contact Neonatology Department, Mt. Carmel Mercy Hospital, 6071 West Outer Drive, Detroit, MI 48235. 313-927-7000 ext. 7299.

PEDIATRIC HEMATOLOGY/ONCOLOGY FELLOWSHIP leading to subspecialty Board eligibility. The University of Kansas Medical Center College of Health Sciences and Hospital offers a 2-year fellowship available July 1, 1979. This is part of the Mid-America Cancer Center Program. An excellent patient load is available. There are 3 full-time staff plus a multidisciplinary treatment team. The training includes both inpatient and outpatient responsibilities, blood banking, radiation therapy, a large psychosocial program, and basic research. Candidates are accepted after PL2 or PL3 years. Citizens are preferred. Send C.V. to Tribhawan S. Vats, M.D., Department of Pediatrics, University of Kansas Medical Center College of Health Sciences and Hospital, 39th and Rainbow Blvd., Kansas City, KS 66103.

Opening available for Chief Resident beginning July 1, 1979. Must be at least PL-3 level and demonstrate high quality and efficiency in general pediatrics. Inquire: Ben Guides, M.D., Orlando Regional Medical Center, Inc., 1416 S. Orange Ave, Orlando, FL 32806. Phone: 305-841-4143.

POSITION WANTED

Pediatrician, 30, Board certified, university trained, with one-year hematology fellowship and one-year private practice, wishes to relocate in southern California in group practice. Available now. Reply Box #3351.

NEONATOLOGIST, BOARD CERTIFIED, EXPERIENCED IN ESTABLISHING NICU, PRESENTLY CHIEF OF REGIONAL NICU IN ACADEMIC POSITION, SEEKS RELOCATION TO A COMMUNITY HOSPITAL OR PRIVATE PRACTICE OF NEONATOLOGY. REPLY BOX #3352.

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FAAP, 33, with excellent training in pediatrics and three years of military experience. Would like to join in multi-specialty group or HMO. Available August or September 1979. Call 402-292-6516 or write Box #077905.

DEVELOPMENTAL PEDIATRICIAN: 31, university trained, board eligible. Additional experience in clinical genetics and ambulatory pediatrics; teaching award recipient. Faculty position, West Coast preferences. Respond though Box #077902.

MISCELLANEOUS

SECOND INTERNATIONAL CHILD NEUROLOGY CONGRESS. WENTWORTH HOTEL, SYDNEY, AUSTRALIA. NOVEMBER 26–30th, 1979. Symposia on Neuromuscular Disorders, Epilepsy, Neuro-Ophthalmology of Congenital Brain Defects, Neuro-transmitters and Learning Disorders, Addresses on Diagnostic Enzymology, Neurovirology, and Cerebrovascular disease in Childhood. Free paper and poster sessions. Guest Speakers: J. Aicardi, F. Billson, D. Clark, D. Curtis, D. Danks, V. Dubowitz, M. Eadie, O. Eeg-Olofsson, B. Fenelon, Y. Fukuyama, C. Gajdusek, D. Gardner-Medwin, R. Haslam, C. Hoyt, W. Hoyt, W. Isler, A. Pollard, D. Prince, I. Rapin,

M. Segawa, B. Shaywitz, G. Stanley. Registration Fee: \$180 (After July 31st). For Information Contact: Second International Child Neurology Congress, G.P.O. Box 3866, SYDNEY, N.S.W., AUSTRALIA. 2050.

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RECENT ADVANCES IN EAR, NOSE AND THROAT DISEASES IN INFANTS AND CHILDREN, December 5-9,1979, The Breakers, Palm Beach, FL TUITION: \$200. Address inquiries to: Division of Continuing Education, 1022 Scaife Hall, University of Pittsburgh School of Medicine, Pittsburgh, PA 15261. Telephone: 412-624-2653.

September 6–8: Symposium on Developmental Disabilities in the Preschool Child—Early Identification, Assesment and Intervention Strategies will be co-sponsored by Rutgers Medical School—College of Medicine & Dentistry of New Jersey, the Institute for the Study of Exceptional Children of the Educational Testing Service, Princeton, NJ and the Institute for Pediatric Service of the Johnson & Johnson Baby Products Company. Meeting will be held at the Conrad Hilton Hotel, Chicago, IL. Co-chairmen: Drs. Larry Taft and Michael Lewis. Appropriate accreditation for Category I towards the AMA Physician's Recognition Award will be given to the attendees. For further information write: Steven Sawchuk, M.D., 220 Centennial Avenue, Piscataway, NJ 08854. Phone 201-524-8846.

Is "Keeping Up" Getting You Down?

Keeping pace with advancing medical knowledge is a responsibility of every pediatrician. But scouring the literature for the information that is most relevant to your needs can be time-consuming and frustrating. What you need is a journal that offers regular information on the latest developments affecting general pediatrics, that emphasizes recognized areas of special interest, that organizes its content to coincide with subjects covered in an overall program of continuing education.

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Each issue of *Pediatrics in Review* will contain:

- Review articles
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- References to current literature
- A self-assessment quiz offering Category 1 credit

Pediatrics in Review is designed to be indispensable. You can receive it by separate subscription—\$75.00 yearly for AAP Fellows, \$55.00 for AAP Candidate Members, \$95.00 for Non-Members. Or, you can receive it as part of PREP, the Academy's continuing education program which also features self-assessment programs and documentation of your continuing education activity. Either way, Pediatrics in Review is an excellent way to stay ahead of the pack.





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The pattern of little coughs.



Break the cough pattern with

DORCOL

Pediatric Cough Syrup.

Each teaspoonful (5 ml) contains: dextromethorphan hydrobromide, 7.5 mg; phenylpropanolamine hydrochloride, 8.75 mg; guaifenesin, 37.5 mg; alcohol, 5%.

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TEE K Potassium) 125 or 250 mg per 5cc Wyeth Laboratories